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## \*BIBDATASHEET\*

CONFIRMATION NO. 4273

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/797,355	<b>FILING OR 371(c) DATE</b> 03/09/2004 <b>RULE</b>	<b>CLASS</b> 549	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 072827-0372
<b>APPLICANTS</b> Alan L. Mueller, Salt Lake City, UT; Scott T. Moe, Salt Lake City, UT;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/825,373 04/02/2001 PAT 6,750,244 which is a CON of 09/186,341 11/04/1998 PAT 6,211,245 which is a CON of 08/873,011 06/11/1997 ABN which is a CIP of 08/869,154 06/04/1997 ABN which is a CIP of 08/763,480 12/11/1996 PAT 6,017,965 which is a CIP of 08/663,013 06/07/1996 ABN which is a CIP of 08/485,038 06/07/1995 PAT 6,071,970				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/26/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 57600				
<b>TITLE</b> COMPOUNDS ACTIVE AT A NOVEL SITE ON RECEPTOR-OPERATED CALCIUM CHANNELS USEFUL FOR TREATMENT OF NEUROLOGICAL DISORDERS AND DISEASES				
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit-DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	